

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/069263** FILING DATE **19 JUN 2002**  
APPLICANT(S) *Blom*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2				/		
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TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			16			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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